

Quick Steps to Fruits & Vegetables Galore & Dairy Too

School Data Form

Numbers Should be Reported by Individual School; Not by District

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED

Fax To: 609-984-0878 Attn: Janet Renk

School District:	County:				
District Food Service Director:	District Director's Phone #: ()				
School Food Service Fax #: ()	School Food Service E-Mail:				
Name of School:	School Grade Levels:				
Address:					
Food Service Manager/Lead Person:	Manager's/Lead's Phone #: ()				
Meals Offered: <input type="checkbox"/> School Breakfast <input type="checkbox"/> Natl. School Lunch <input type="checkbox"/> After School Snack Program					
School's ADA (<i>Average Daily Attendance</i>) from October 2005 Voucher: _____					
From October 2005 Reimbursement Voucher, Meal Applications on File: _____ Free _____ Reduced					
Indicate Week You are Reporting Information: (<i>Check one</i>) <input type="checkbox"/> Oct. 3-7 <input type="checkbox"/> Oct. 10-14 <input type="checkbox"/> Oct. 17-21 <input type="checkbox"/> Oct. 24-28					
Number of Servings of Fruit Used for Week You are Reporting Information: (<i>Report information from your food production records, "# of portions used" column. Include all fruit used for reimbursable lunch meals and a la carte.</i>) _____ # of servings of fruit for entire week					
Number of Servings of Vegetables Used During Reporting Week: (<i>Report information from your food production records, "# of portions used" column. Include all vegetables used for reimbursable lunch meals and a la carte.</i>) _____ # of servings of vegetables for entire week					
Number of ½ pints of Milk Used for Week You are Reporting Information: (<i>Report information from your milk order sheets. Include all milk used for reimbursable meals both breakfast and lunch, a la carte and vending</i>) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ # of ½ pints low fat white (1% & 2%) _____ # of ½ pints whole white _____ # of ½ pints low fat strawberry _____ # of other milk </td> <td style="width: 50%; border: none;"> _____ # of ½ pints skim _____ # of ½ pints low fat choc. _____ Variety: _____ _____ Variety: _____ _____ Variety: _____ </td> </tr> <tr> <td style="border: none;"> _____ Indicate size: _____ _____ Indicate size: _____ _____ Indicate size: _____ </td> <td style="border: none;"></td> </tr> </table>		_____ # of ½ pints low fat white (1% & 2%) _____ # of ½ pints whole white _____ # of ½ pints low fat strawberry _____ # of other milk	_____ # of ½ pints skim _____ # of ½ pints low fat choc. _____ Variety: _____ _____ Variety: _____ _____ Variety: _____	_____ Indicate size: _____ _____ Indicate size: _____ _____ Indicate size: _____	
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